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## BIB DATA SHEET

CONFIRMATION NO. 1716

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/784,488	02/15/2001	424	1627	49930.8800		
<b>RULE</b>						
<b>APPLICANTS</b> Cheryl L. Galante, Marshfield, MA; David L. Elliott, North Attleboro, MA; Iris Davis Gersten, Gaithersburg, MD; James L. Solan, Rockville, MD; Hermes van der Lee, Ashton, MD;						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/19/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /LAYLA SOROUGH/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 12
<b>ADDRESS</b> THE DIAL CORPORATION 19001 N. Scottsdale Road SCOTTSDALE, AZ 85255 UNITED STATES						
<b>TITLE</b> PERSONAL CARE PRODUCT						
<b>FILING FEE RECEIVED</b> 2720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		